

Fax

DATE: April 12, 2002

O:	Examiner Ware	FROM: Samuel Webb	
	T00 000 4550	FAX: (650) 564-2195	
FAX: PHONE:	703 308 4556 703 305 1700	PHONE: (650) 564-5106	
HONE.	700 300 1100	PAGES: 5	

Please see attached Transmittal and Response regarding:

FAX RECEIVED

Application of:

Dong, et al.

APR 1 5 2002

Application no

09/733,847 12/08/2000

GROUP 1600

Filed: Group No:

1615

Examiner:

Ware, T.

For:

Antiviral medication

Our ref:

ARC 2644 R1

OFFICIAL

Practitioner's Docket No. ARC 2644 R1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dong, Liang C.; Espinal, Steven D.;

Wong, Patrick S. L.; and Magruder, Paul R.

Application No.: 09/733,847

Filed: 12/08/2000

Group No.: 1615

Examiner: Ware, T.

For: Antiviral medication

Certificate of Transmission under 37 CFR 1.8.
I hereby certify that this correspondence is being facsimile transmitted to the US Patent and Trademark Office on 12 Cor 2002

Elizabeth Grannell

Assistant Commissioner for Patents Washington, D.C. 20231

RESPONSE TRANSMITTAL

1. Transmitted herewith is a response for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Co)	1.1)		(Col. 2) (Col. 3) SMALL ENTITY				
Claims Remaining After Amendment			Highest No. Previously Paid For	Present Extra	Rete	Addit. Fee		
Total		4	Minus	52	= 0	x \$18 =	\$0	
Indep.		1,	Minus	5	= 0	x \$80 =	\$0	
First Prese	ntation	of M	Iultiple Dep	endent Claim		+ \$270 =	\$0	
						Total Addit. Fcc	\$ <u>0</u>	
								(Amendment Transmittal-page 1 of 2)

ALZA

No additional fee for claims is required.

FEE DEFICIENCY

If any additional extension and/or fee is required, charge Account No. 01-1173. 5. If any additional fee for claims is required, charge Account No. 01-1173.

Reg. No.: 44394 Tel. No.: 650-564-5106 Customer No.: 22921

Samuel E. Webb ALZA Corporation 1900 Charleston Rd. P.O. Box 7210

Mountain View, CA 94039-7210

(Amendment Transmittal-page 2 of 2)